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NEWS 1		Web Page for STN Seminar Schedule - N. America
NEWS 2	MAR 15	WPIDS/WPIX enhanced with new FRAGHITSTR display format
NEWS 3	MAR 16	CASREACT coverage extended
NEWS 4	MAR 20	MARPAT now updated daily
NEWS 5	MAR 22	LWPI reloaded
NEWS 6	MAR 30	RDISCLOSURE reloaded with enhancements
NEWS 7	APR 02	JICST-EPLUS removed from database clusters and STN
NEWS 8	APR 30	GENBANK reloaded and enhanced with Genome Project ID field
NEWS 9	APR 30	CHEMCATS enhanced with 1.2 million new records
NEWS 10	APR 30	CA/CAplus enhanced with 1870-1889 U.S. patent records
NEWS 11	APR 30	INPADOC replaced by INPADOCDB on STN
NEWS 12	MAY 01	New CAS web site launched
NEWS 13	MAY 08	CA/CAplus Indian patent publication number format defined
NEWS 14	MAY 14	RDISCLOSURE on STN Easy enhanced with new search and display fields
NEWS 15	MAY 21	BIOSIS reloaded and enhanced with archival data
NEWS 16	MAY 21	TOXCENTER enhanced with BIOSIS reload
NEWS 17	MAY 21	CA/CAplus enhanced with additional kind codes for German patents
NEWS 18	MAY 22	CA/CAplus enhanced with IPC reclassification in Japanese patents
NEWS 19	JUN 27	CA/CAplus enhanced with pre-1967 CAS Registry Numbers
NEWS 20	JUN 29	STN Viewer now available
NEWS 21	JUN 29	STN Express, Version 8.2, now available
NEWS 22	JUL 02	LEMBASE coverage updated
NEWS 23	JUL 02	LMEDLINE coverage updated
NEWS 24	JUL 02	SCISEARCH enhanced with complete author names
NEWS 25	JUL 02	CHEMCATS accession numbers revised
NEWS 26	JUL 02	CA/CAplus enhanced with utility model patents from China
NEWS 27	JUL 16	CAplus enhanced with French and German abstracts
NEWS 28	JUL 18	CA/CAplus patent coverage enhanced

NEWS EXPRESS 29 JUNE 2007: CURRENT WINDOWS VERSION IS V8.2,
CURRENT MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP),
AND CURRENT DISCOVER FILE IS DATED 05 JULY 2007.

NEWS HOURS	STN Operating Hours Plus Help Desk Availability
NEWS LOGIN	Welcome Banner and News Items
NEWS IPC8	For general information regarding STN implementation of IPC 8

Enter NEWS followed by the item number or name to see news on that specific topic.

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* * * * * * * * * * * * * * * * STN  Columbus  * * * * * * * * * * * * * * * *

FILE 'HOME' ENTERED AT 10:49:12 ON 18 JUL 2007

=> File .gerry2MBCE
COST IN U.S. DOLLARS                                    SINCE FILE      TOTAL
                                                           ENTRY    SESSION
FULL ESTIMATED COST                                         0.21       0.21

FILE 'MEDLINE' ENTERED AT 10:49:38 ON 18 JUL 2007

FILE 'BIOSIS' ENTERED AT 10:49:38 ON 18 JUL 2007
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=> S G-CSF (L) (Treatm? OR Therapy)(5A)(renal(2A)((disease OR Failure) OR
Nephropathy)) AND pd<=20041014
   1 FILES SEARCHED...
   2 FILES SEARCHED...
L1             6 G-CSF (L) (TREATM? OR THERAPY)(5A)(RENAL(2A)((DISEASE OR FAILURE
                 ) OR NEPHROPATHY)) AND PD<=20041014

=> Dup Rem l1
PROCESSING COMPLETED FOR L1
L2             4 DUP REM L1 (2 DUPLICATES REMOVED)
                 ANSWER '1' FROM FILE MEDLINE
                 ANSWER '2' FROM FILE BIOSIS
                 ANSWER '3' FROM FILE CAPLUS
                 ANSWER '4' FROM FILE EMBASE

=> D IBib ABS l2 1-4

L2   ANSWER 1 OF 4     MEDLINE on STN                    DUPLICATE 1
ACCESSION NUMBER:    2000388203     MEDLINE
DOCUMENT NUMBER:     PubMed ID: 10914557
TITLE:               Safety of autologous hematopoietic stem cell
                     transplantation in patients with multiple myeloma and
                     chronic renal failure.
AUTHOR:              Tosi P; Zamagni E; Ronconi S; Benni M; Motta M R; Rizzi S;
                     Tura S; Cavo M
CORPORATE SOURCE:    Institute of Hematology and Medical Oncology, Seragnoli
                     University of Bologna, Italy.
SOURCE:              Leukemia : official journal of the Leukemia Society of
                     America, Leukemia Research Fund, U.K, (2000 Jul)
                     Vol. 14, No. 7, pp. 1310-3.
                     Journal code: 8704895. ISSN: 0887-6924.
PUB. COUNTRY:        ENGLAND: United Kingdom
DOCUMENT TYPE:       Journal; Article; (JOURNAL ARTICLE)
                     (RESEARCH SUPPORT, NON-U.S. GOV'T)
LANGUAGE:            English
FILE SEGMENT:        Priority Journals
ENTRY MONTH:         200008
ENTRY DATE:          Entered STN: 18 Aug 2000
                     Last Updated on STN: 18 Aug 2000
                     Entered Medline: 10 Aug 2000
AB   Patients with multiple myeloma (MM) and chronic renal failure have
     generally been excluded from myeloablative therapy programs followed by
     hematopoietic stem cell support because of the potential increase in
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transplant-related morbidity and mortality. We here report our experience treating six MM patients with moderate to severe renal insufficiency, with autologous stem cell transplantation. One of these patients required chronic hemodialysis since the diagnosis of MM was made. Peripheral blood stem cell collection was performed with either cyclophosphamide 5.5-7 g/m2 + G-CSF, 5 microg/kg/day (patients 1-3, 5 and 6) or G-CSF, 15 microg/kg/day alone (patient Number 4). Four patients (Nos 1-4) received autotransplant as front-line therapy, while the last two patients were treated in relapse, which occurred following prior autologous stem cell transplantation in support of melphalan, 200 mg/m2 (Number 5) or maintainance therapy with alpha-interferon (Number 6). High-dose chemotherapy administered as preparation to transplant included busulfan 12 mg/kg + melphalan 80 mg/m2 (patients 1-3 and 6) or melphalan 80 mg/m2 alone (patients 4 and 5) in order to reduce mucosal damage. Following transplant, prompt and sustained recovery of hematopoiesis was documented in all the patients; 500 PMN/microI and 20000 platelets/microI were reached after a median of 13 and 14 days, respectively. None of the patients suffered from WHO grade 3-4 infectious complications. Transplant-related toxicity included grade 3-4 oral mucositis (patients 1, 4 and 5) and veno-occlusive disease (patient Number 3). Renal function either improved or remained stable throughout the transplant period. All the patients but one responded to therapy, three of them are progression free after 2, 15 and 26 months; two relapsed after 16 and 4 months and one died from cholangiocarcinoma 7 months after transplant, while still in remission. Although our experience is limited so far, these results appear promising and support the investigational use of myeloablative therapy in MM patients with chronic renal failure.

L2 ANSWER 2 OF 4 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN
ACCESSION NUMBER: 2002:186929 BIOSIS
DOCUMENT NUMBER: PREV200200186929
TITLE: The Royal Marsden Hospital leukemia-myeloma database: An "operations research" resource for assessing clinical outcomes and planning new drug trials.
AUTHOR(S): Powles, Ray [Reprint author]; Milan, Sarah [Reprint author]; Horton, Clive [Reprint author]; Sirohi, Bhawna [Reprint author]; Treleaven, Jennie [Reprint author]; Singhal, Seema [Reprint author]; Mehta, Jayesh [Reprint author]
CORPORATE SOURCE: Royal Marsden Hospital, Surrey, UK
SOURCE: Blood, (November 16, 2001) Vol. 98, No. 11 Part 1, pp. 426a. print.
Meeting Info.: 43rd Annual Meeting of the American Society of Hematology, Part 1. Orlando, Florida, USA. December 07-11, 2001. American Society of Hematology.
CODEN: BLOOAW. ISSN: 0006-4971.
DOCUMENT TYPE: Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
Conference; (Meeting Poster)
LANGUAGE: English
ENTRY DATE: Entered STN: 13 Mar 2002
Last Updated on STN: 13 Mar 2002

AB Operations research is the application of scientific methods to solve complex organizational problems including improving existing systems and designing new systems well. It is widely used in industry, finance, and education. We have been using operations research to manage leukemia and myeloma patients for over 2 decades. Since 1978, comprehensive data have been collected prospectively on 3500+ consecutive unselected population-based patients referred to the RMH Leukaemia and Myeloma Units. For each patient, up to 600 separate data fields are recorded with multiple, longitudinal prospective values for each (e.g. serial blood counts recorded on all the days they are done - a "sparse array") on all aspects of disease and therapy. The database comprises a definition, collection and query/analysis package written in MUMPS, and presently

contains apprx2X107 data items. The purpose behind its depth and breadth is to use the information for optimal clinical decision-making, outcomes analysis and planning studies on a regular basis - which also assures its quality and accuracy in an on-going fashion (Koerner 1964, Hiller-Lieberman 1974). It is possible to obtain information on a defined patient population at any instant in time (snapshot) or over a given period (panorama). For e.g., some of the information provided by a myeloma snapshot is: (a) number of living patients, (b) number in CR or PR, (c) number on maintenance interferon therapy, (d) number on induction/reinduction, (e) number with renal failure, (f) number on erythropoietin or G-CSF, etc. Some of the information provided by a myeloma panorama for the last year is: (a) number of new/relapsed patients seen, (b) number not responding to initial therapy, (c) number of patients relapsing after the first autograft, (d) number of patients failing post-autograft salvage therapy, (e) number presenting with renal failure, (f) number autografted, etc. For each group identified, detailed clinical, hematologic/biochemical data are available. Extrapolating this to the future, with specific inclusion/exclusion criteria, it is possible to predict accurately how many patients can be recruited for a study over a period of time. Thus, for a proposed 1-year study of a new drug in myeloma patients relapsing after the first autograft with normal renal function, 83 patients can be enrolled almost immediately (the number alive today with disease relapsing after first autograft) and 21 more over the next year (based upon the number relapsing over last year). By changing the inclusion to any relapse, the total number increases to 112, and by eliminating the renal function criterion, to 114. Similar analyses can also be done for leukemia. The strength of this analysis is that it can be extrapolated to other centers. It is becoming increasingly difficult to test drugs in modern health care environment due to appropriately stringent demands from drug regulatory bodies and organizations overseeing the interests of research subjects. Delays in completing pivotal trials can place large financial burdens on pharmaceutical companies which can partly be avoided by projecting enrollment based on such databases. Multi-institutional databases have larger patient numbers but suffer from several drawbacks: not having a population base (unselected consecutive patients), not being prospective, not having serial clinical data, and often having only transplant data (IBMTR, EBMT) which offer limited glimpse of the course of disease.

L2 ANSWER 3 OF 4 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2002:824419 CAPLUS
DOCUMENT NUMBER: 137:304836
TITLE: Clinical application of hematopoietic factors
AUTHOR(S): Bessho, Masami
CORPORATE SOURCE: 1st Dep. Intern. Med., Saitama Med. Sch., Japan
SOURCE: Nippon Naika Gakkai Zasshi (2002), 91(Supplement, September), 229-235
CODEN: NNGAAS; ISSN: 0021-5384
PUBLISHER: Nippon Naika Gakkai
DOCUMENT TYPE: Journal; General Review
LANGUAGE: Japanese
AB A review on (1) biosynthesis, distribution, and functions of erythropoietin (EPO) and its receptor, (2) clin. application of EPO in the treatment of anemia of chronic renal failure, (3) novel applications of EPO for the patients with cancers, myelodysplastic syndrome, or nervous system diseases, (4) clin. applications of G-CSF in patients with neutropenia, (5) possible involvement of G-CSF administration in the clonal complications in patients with aplastic anemia, (6) hematopoietic growth factors for platelet production, and (7) hematopoietic disorders induced by the antibodies to hematopoietic factors (EPO, thrombopoietin, etc.).

L2 ANSWER 4 OF 4 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights

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ACCESSION NUMBER: 94295827 EMBASE
DOCUMENT NUMBER: 1994295827
TITLE: [The biological response modifiers. Current use and future in clinical practice].
LES MODIFICATEURS DE LA REPONSE BIOLOGIQUE. UTILISATION ACTUELLE ET AVENIR EN PRATIQUE LIBERALE.
AUTHOR: Kamioner D.
CORPORATE SOURCE: Dept. Hematologie/Oncologie Medicale, Centre Medico-Chirurgical, Rue Castiglione del Lago,78190 Trappes, France
SOURCE: Bulletin de la Societe Francaise de Cancerologie Privee, (1994) Vol. 13, No. 37, pp. 64-69. .
ISSN: 0753-7417 CODEN: BFCPE5
COUNTRY: France
DOCUMENT TYPE: Journal; Conference Article
FILE SEGMENT: 016 Cancer
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: French
SUMMARY LANGUAGE: English; French
ENTRY DATE: Entered STN: 2 Nov 1994
Last Updated on STN: 2 Nov 1994
AB The development of new cytokines or biological response modifiers allows great expectations in the treatment of various tumoral diseases such as renal carcinomas, malignant melanomas, acute leukemias or infectious diseases like viral hepatitis (Interferons, Interleukines), septic shock (Centoxin), but also in hematopoietic growth disorders (G-CSF, GM-CSF, erythropoietin). However the use of these drugs is restricted because of their high cost.

=> Log Off H
SESSION WILL BE HELD FOR 120 MINUTES
STN INTERNATIONAL SESSION SUSPENDED AT 10:55:01 ON 18 JUL 2007

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LOGINID:SSPTAEGS1646

PASSWORD:
* * * * * * RECONNECTED TO STN INTERNATIONAL * * * * * *
SESSION RESUMED IN FILE 'MEDLINE, BIOSIS, CAPLUS, EMBASE'
AT 11:21:43 ON 18 JUL 2007
FILE 'MEDLINE' ENTERED AT 11:21:43 ON 18 JUL 2007
FILE 'BIOSIS' ENTERED AT 11:21:43 ON 18 JUL 2007

FILE 'CAPLUS' ENTERED AT 11:21:43 ON 18 JUL 2007

FILE 'EMBASE' ENTERED AT 11:21:43 ON 18 JUL 2007

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	33.45	33.66

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)	SINCE FILE ENTRY	TOTAL SESSION
CA SUBSCRIBER PRICE	-0.78	-0.78

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=> D Hist

     (FILE 'HOME' ENTERED AT 10:49:12 ON 18 JUL 2007)

     FILE 'MEDLINE, BIOSIS, CAPLUS, EMBASE' ENTERED AT 10:49:38 ON 18 JUL 2007
L1             6 S G-CSF (L) (TREATM? OR THERAPY)(5A)(RENAL(2A)((DISEASE OR FAIL
L2             4 DUP REM L1 (2 DUPLICATES REMOVED)

=> S CSF (L) (TReatment (3A)Nephropathy) AND pd<=20041014
   2 FILES SEARCHED...
L3             0 CSF (L) (TREATMENT (3A) NEPHROPATHY) AND PD<=20041014

=> Log Off h
 SESSION WILL BE HELD FOR 120 MINUTES
STN INTERNATIONAL SESSION SUSPENDED AT 11:25:01 ON 18 JUL 2007
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